附件3：

千阳县参加县级医院跟班培训乡村医生报名表

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| --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 身份证号 | 专业类别（临床/中医） | 工作单位 | 联系电话 |
| 卫生院 | 卫生室名称 |
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